

HIV/AIDS Housing Survey Findings

This section provides cumulative data from 536 valid housing surveys completed by people living with HIV/AIDS in Seattle-King County. Key findings include:

- Three-quarters of respondents self-identified as being disabled by HIV or AIDS; however, only one-third had received a doctor's certification of AIDS disability. Eighty-three percent of respondents self-reported one or more disabilities.
- Respondents had lived in King County for a median of twelve years and most had been diagnosed with HIV/AIDS in the County. The majority of respondents lived in Seattle.
- The majority of respondents lived alone, rented their homes, and expected to be able to stay in their current residence for the next six months. Nearly half of all respondents lived in housing they qualified for because of HIV or AIDS.
- Median income for respondents was just 14 percent of the median income for an individual in King County and well below the poverty threshold. Ten percent of respondents indicated that they received no income at all.
- Respondents paid 41 percent of their monthly income for housing costs on average and nearly half of the respondents identified at least one financial barrier to accessing housing in King County.
- Most respondents were receiving assistance in meeting their housing needs. Nearly one third of respondents indicated they currently received some form of housing assistance from Lifelong AIDS Alliance and nearly half indicated that they received housing assistance from the government or some other organization.
- Survey respondents were experiencing complex life challenges that impacted their housing stability. One in ten respondents were homeless or at risk of homelessness at the time of the survey, and more than half of all respondents had been homeless in the past. One in three respondents indicated that they had been in jail or prison at some point in their lives.
- Respondents identified the need for a range of housing services and were interested in more information on various housing topics.
- The majority of respondents would prefer to live on their own, maintain the same size unit, live without on-site support services, and move into a place or program where their needs could be met if they could no longer care for themselves.

Overview of the Survey Process and Methodology

Consumer input was a vital component of the Seattle-King County HIV/AIDS housing needs assessment process. Information and feedback from people living with HIV/AIDS was gathered through focus group meetings and a consumer housing survey. The housing survey was conducted between January 22 and March 31, 2004, and the survey tool was available in English and Spanish.

The primary purpose of the survey was to gather quantitative data on housing situations, needs, and preferences of people living with HIV/AIDS in Seattle-King County. The results are just one of several sources of information gathered in order to describe the housing and service gaps and opportunities in the County. They are offered as one point of reference in the overall planning process.

Presentation of Data

The survey utilized a convenience sample. It was not intended as a representative sample of all people living with HIV/AIDS in Seattle-King County. The majority of information is presented as frequencies or the number of times that respondents gave a response. In presenting some data, the percent of the actual number of responses to the question was used. Some of the results have been cross-tabulated to determine possible differences between respondent cohorts, such as between men and women, and Whites/Caucasians, African Americans/Blacks, and Hispanics/Latinos.

A total of 550 surveys were completed and returned to AHW, however, only 536 valid surveys were analyzed. Within these 536 surveys, some individuals did not respond to one or more question(s). Because the number of non-responses varies by question, unless otherwise noted, all percentages listed throughout this document represent the entire survey sample. For data presented by gender or race/ethnicity, the percent represents respondents within that gender or racial/ethnic category.

Survey tools were distributed by many agencies and organizations across King County; fully three-fourths of all completed surveys were distributed by four of these: Lifelong AIDS Alliance (55 percent), Bailey-Boushay House's Adult Day Health Program (12 percent), Harborview Medical Center – Madison Clinic (5 percent), and People of Color Against AIDS Network (POCAAN) (5 percent).¹¹⁹ Assistance was made available to respondents in filling out or interpreting the questions. Respondents were able to return their surveys to agencies or by postage-paid return mail.

Full survey results and a copy of the survey tool can be found in the Appendices.

Reliability of Data

The survey pool represents approximately 10 percent of the 5,444 individuals reported to be living with HIV/AIDS in Seattle-King County as of December 31, 2003.¹²⁰ Compared to the demographic profile of those known to be living with HIV/AIDS in Seattle-King County, the survey sample included:

- Fewer Whites/Caucasians
- More African Americans/Blacks, Hispanics/Latinos, and Native Americans/Alaska Natives
- More respondents who identified as multi-racial
- More women

¹¹⁹ In addition, surveys were distributed by BABES Network, Bailey-Boushay House Residential Program, Bastyr Health Center, Consejo, Country Doctor, Downtown Emergency Service Center Shelter, DESC/The Lyon Building, Group Health Cooperative, Multifaith Works, Northwest Family Center, Pike Market Clinic, Public Health – Seattle & King County, Public Health – Jail Services, Rosehedge, Seattle AIDS Support Group, Seattle Counseling Service, Therapeutic Health Services, UWMC – Virology Clinic, YouthCare. The assistance of each of these agencies was greatly appreciated.

¹²⁰ Public Health – Seattle & King County, HIV/AIDS Epidemiology Program, email correspondence, March 12, 2004.

These demographic differences are not the result of targeted outreach; the differences merely reflect the demographics of those who returned completed surveys.

Table 25 compares selected demographic characteristics of people living with HIV/AIDS in Seattle-King County to those of the survey respondents.

Table 25:
**King County Residents Living with HIV and AIDS, as of December 31, 2003,
and Consumer Housing Survey Respondents,
by Race/Ethnicity, Gender, HIV/AIDS Status, and Residence**

Demographics	People Living with HIV and AIDS as of December 31, 2003		Consumer Housing Survey Respondents	
	Number	Percent	Number	Percent
<u>Race/Ethnicity</u>				
White/Caucasian, Non-Hispanic	3,932	72%	308	58%
African American/Black, Non-Hispanic	818	15%	92	17%
Hispanic/Latino	463	9%	55	10%
Asian, Native Hawaiian/Pacific Islander	118	2%	8	2%
Native American/Alaskan Native	88	2%	18	3%
Two or more races/Multiracial	12	<1%	49	9%
Undetermined race/Other	13	<1%	6	1%
Total	5,444	100%	536	100%
<u>Gender</u>				
Male	4,935	91%	446	83%
Female	509	9%	78	15%
Transgender (Male to Female)	NA	NA	10	2%
Unknown	NA	NA	2	<1%
Total	5,444	100%	536	100%
<u>HIV/AIDS Status</u>				
Living with HIV	2,334	43%	237	44%
Living with AIDS	3,110	57%	285	53%
Unknown	NA	NA	14	3%
Total	5,444	100%	536	100%
<u>Residence</u>				
Seattle	4,606	85%	421	78%
King County, excluding Seattle	838	15%	100	19%
Unknown	NA	NA	15	3%
Total	5,444	100%	536	100%

Source: Public Health – Seattle & King County, HIV/AIDS Epidemiology Program, email correspondence, March 12, 2004.

Note: King County data based on information available at time of diagnosis. Percentages may not total 100 due to rounding.

Survey Findings

Three-quarters of respondents self-identified as being disabled by HIV or AIDS; however, only one-third had received a doctor's certification of AIDS disability. Eighty-three percent of respondents self-reported one or more disabilities.

More than one third of respondents—37 percent—indicated that a doctor had certified them as disabled by AIDS. Because a doctor's certification of AIDS disability was the primary eligibility criteria for accessing dedicated housing within the AIDS housing system in King County at the time this plan was written, differences by gender and race are quite relevant. A much higher proportion of men had received such a doctor's certification compared to women (40 percent and 21 percent, respectively). Similarly, Whites/Caucasians were much more likely to have a doctor-certified AIDS-disability (44 percent), compared to African Americans/Blacks (20 percent), and Hispanics/Latinos (18 percent).

While only one in three respondents had received a doctor's certification of disability by AIDS, three out of four respondents self-identified as disabled by HIV/AIDS. Overall, 83 percent of respondents indicated they had one or more disabilities, including HIV/AIDS. Twenty-two percent of the total survey sample were physically disabled, 19 percent were disabled by mental illness, 8 percent were disabled by alcohol or drug use, 3 percent were developmentally disabled, and 1 percent each were blind or deaf.

Four percent of respondents indicated they were disabled by both mental illness and alcohol or drug use. Nine percent of respondents identified disabilities that were not listed, including heart problems, various types of cancer, depression, and Hepatitis C.

The proportion of respondents indicating a disability related to alcohol and drug use varied by gender and race/ethnicity. Women were much more likely than men to self-identify as disabled by alcohol and drug use: 15 percent of women did so, compared to 7 percent of men. While 12 percent of African Americans/Blacks and 9 percent of Whites/Caucasians self-identified as disabled by alcohol and drug use, only 2 percent of Hispanics/Latinos did so.

Respondents had lived in King County for a median of twelve years and most had been diagnosed with HIV/AIDS in the County. The majority of respondents lived in Seattle.

The median number of years respondents had lived in King County was twelve. Only 8 percent reported living in King County for a less than a year and 28 percent indicated that they had lived in the County for twenty years or more. Among African Americans/Blacks the median number of years in the County was eight and for Hispanics/Latinos it was six.

The vast majority of respondents (67 percent) indicated that they had been diagnosed with HIV or AIDS in King County and another 6 percent said they had been diagnosed in another county in Washington State. Twenty-six percent were diagnosed in other states and only 2 percent were diagnosed in another country.

Three quarters of respondents (78 percent) lived in Seattle and 19 percent lived in communities in other parts of King County. Most respondents (44 percent) lived in the Capitol Hill/Downtown/First Hill areas of Seattle and most of the non-Seattle residents lived in South King County. Five percent

of respondents lived in the Auburn/Kent/Renton area, 3 percent lived in the Burien/White Center area, and 3 percent lived in the Des Moines/Federal Way area. Five percent lived in North King County communities and 3 percent lived in East King County communities.

More women reported living in King County communities, outside of Seattle, than men (37 percent and 15 percent respectively), as did more African Americans/Blacks (30 percent) and Hispanics (29 percent) than Whites/Caucasians (16 percent).

Respondents were asked if they experienced certain problem activities in their neighborhood or building. Forty-two percent identified one or more problem activity. The most common was noise (32 percent), followed by illegal drug activity (29 percent), other criminal activity (18 percent), and violence (13 percent).

The majority of respondents lived alone, rented their homes, and expected to be able to stay in their current residence for the next six months. Nearly half of all respondents lived in housing they qualified for because of HIV or AIDS.

Sixty-eight percent of respondents rented an apartment, condo, or house compared to only 5 percent who owned their homes. Six percent indicated that they were living in a group home or facility specifically for people with HIV/AIDS. Another 6 percent were renting a room. Four percent indicated that they were currently homeless (living on the streets, in a park or a car, or staying at a shelter) and another 7 percent were at risk of homelessness (staying in a hotel/motel or living short-term with family or friends). In addition, 1 percent of respondents were currently in jail and 1 percent were in a residential treatment program for alcohol or drug use.

More than half of the survey respondents (53 percent) lived alone; however, this varied by gender: while 57 percent of men lived alone, only 27 percent of women did. Seventeen percent of all respondents lived with a partner or spouse and 12 percent lived with friends or roommates. Nineteen percent of survey respondents indicated that they lived with another person who had been diagnosed with HIV or AIDS, in most cases a friend, roommate, or spouse/partner.

Only 6 percent of respondents reported living with children, the majority of whom lived with children under the age of seventeen. In response to this question, there were stark differences by gender: 33 percent of women lived with children under age seventeen, compared to less than 1 percent of men.

The majority of survey respondents (74 percent) indicated that they expected to remain in their current housing for the next six months; however, 62 percent reported that they had moved at least once in the past three years. The reason most frequently cited for moving was not having enough money for rent.

Many survey respondents (40 percent) indicated that they currently live in housing for which they qualified based on their HIV or AIDS status. The majority of these had been in their housing for two years or less. Among men, 42 percent lived in housing they qualified for based on their HIV or AIDS status while only 28 percent of women did. Whites/Caucasians were more likely to live in housing they qualified for based on their HIV or AIDS status compared to African Americans/Blacks and Hispanics/Latinos.

Median income for respondents was just 14 percent of the median income for an individual in King County and well below the poverty threshold. Ten percent of respondents indicated that they received no income at all.

Overall, survey respondents earned very low incomes. The median monthly income for all respondents was \$605 per month, and there were differences based on gender and race. The median income for men was \$620 compared to \$560 for women. For Whites/Caucasians, median income was \$670, and for African Americans/Blacks and Hispanics/Latinos median income was only \$565. Ten percent of respondents indicated no monthly income.

Eighteen percent of the survey sample also reported supporting someone else with their monthly income, mostly minor children or a partner/spouse. Women were ten times as likely to be supporting minor children as men, and African Americans/Blacks and Hispanics/Latinos were three times as likely to be supporting minor children as Whites/Caucasians. Median income for persons living with children under age seventeen was the highest at \$832 per month.

Nearly half of the survey respondents (45 percent) reported receiving Social Security Disability Income (SSDI) and a quarter of respondents (25 percent) reported receiving Supplemental Security Income (SSI). One in four respondents received food stamps.

There were also different rates of respondents receiving SSDI and SSI when comparing gender and race/ethnicity. Nearly half (49 percent) of men received SSDI and 22 percent received SSI compared to 22 percent of women who received SSDI and 40 percent who received SSI. Among Whites/Caucasians, 55 percent received SSDI and 25 percent received SSI. This compares to African Americans/Blacks, of whom 30 percent received SSDI and 28 percent received SSI. Hispanics/Latinos had the lowest rates in both categories: 20 percent received SSDI and only 13 percent received SSI.

Only 16 percent of all respondents indicated that they received pay for any kind of work. However, Hispanics/Latinos were much more likely to work for pay (33 percent) compared to Whites/Caucasians (14 percent) and African Americans/Blacks (13 percent). Twenty-six percent of Hispanics/Latinos reported receiving no income or benefits compared to just 8 percent of African Americans/Blacks and 6 percent of Whites/Caucasians.

Respondents paid 41 percent of their monthly income for housing costs on average and nearly half of the respondents identified at least one financial barrier to accessing housing in King County.

Housing is considered affordable if a person spends no more than 30 percent of his or her income for housing costs (rent, mortgage, and utilities). The housing costs for many survey respondents—75 percent—exceeded this level. In fact, one-third of respondents could be considered at risk of homelessness because they paid more than half of their income for housing costs. The median monthly expenditure on housing costs was 41 percent.

In general, men earned more money and paid a lower percent of their income for housing costs than women. Whites/Caucasians also had a higher monthly income and paid more for housing costs than African Americans/Blacks. However, Hispanics/Latinos reported a higher median housing cost than Whites/Caucasians and a lower monthly median income.

King County residents estimated a higher median monthly income (\$648) than Seattle residents (\$602). King County residents also indicated a higher median monthly housing cost of \$326 per month compared with a median monthly housing cost of \$296 for Seattle residents. Based on the median income and housing costs, the estimated housing cost burden for King County residents was 48 percent compared to 40 percent for Seattle residents.

Nearly half of the survey respondents (42 percent) identified at least one financial barrier to accessing housing in King County. Twenty-eight percent indicated not having enough money for deposits and first or last month's rent and 22 percent identified credit history as barriers.

Respondents were asked if they had experienced other barriers when trying to get housing. One third of respondents (32 percent) indicated that they had encountered some other barrier. Twelve percent identified HIV/AIDS status, 9 percent identified sexual orientation, and 5 percent each identified disability or handicap, race/ethnicity, and mental illness.

Respondents were asked what they might do if their monthly housing costs were to increase by \$50. While almost one-quarter (24 percent) would be able to pay the increase without making any changes, most respondents would need to do things differently in order to meet the additional costs. More than one third (36 percent) would apply for more benefits, and one out of five respondents would move to another location. Some respondents (16 percent) would look for more employment or would borrow money from family or friends (15 percent).

Most respondents were receiving assistance in meeting their housing needs. Nearly one third of respondents indicated they currently received some form of housing assistance from Lifelong AIDS Alliance and nearly half indicated that they received housing assistance from the government or some other organization.

While many respondents (40 percent) indicated they got their current housing because of their HIV/AIDS status, only one third of the survey sample (31 percent) indicated that they currently received some form of housing assistance from Lifelong AIDS Alliance. The highest percent received permanent housing assistance (17 percent), followed by transitional housing assistance (10 percent), and emergency housing assistance (2 percent).

However, more than half of the respondents (52 percent) indicated that they had received some form of housing assistance from Lifelong AIDS Alliance in the past. Most had identified emergency financial assistance (30 percent), followed by emergency housing assistance (17 percent), transitional housing assistance (14 percent), and permanent housing assistance (13 percent). Sixteen percent of the total survey population received two or more types of housing assistance from Lifelong AIDS Alliance in the past.

Eighteen percent of respondents indicated that they had been told by a case manager at some time that they were not eligible for housing from Lifelong AIDS Alliance. Conversely, 11 percent of respondents identified that they had refused housing offered by Lifelong AIDS Alliance for some reason. These reasons included program rules or restrictions (5 percent), safety of neighborhood or building (4 percent), size of unit (3 percent), other residents in the housing (3 percent), distance from services (2 percent), and access to transportation (2 percent).

Forty-three percent of respondents indicated that they received some other form of housing assistance from the government or an organization other than Lifelong AIDS Alliance. Twenty percent identified Section 8, 13 percent indicated subsidized or public housing, 8 percent indicated a home for people living with HIV/AIDS (some of which were identified as connected to Lifelong AIDS Alliance), 2 percent indicated Shelter Plus Care, and others did not know the source of the assistance. In addition, 20 percent were on a waiting list for help with housing when they completed the survey. Of those, 2 of 5 had been waiting six months or less, and one-quarter had been on a waiting list for six months to a year.

Survey respondents were experiencing complex life challenges that impacted housing stability. One in ten respondents were homeless or at risk of homelessness at the time of the survey, and more than half of all respondents had been homeless in the past. One in three respondents indicated that they had been in jail or prison at some point in their lives.

A history of homelessness is a strong indicator of future homelessness. More than half of all survey respondents (54 percent) indicated that they had been homeless at some point in their lives. Homeless was broadly defined as “without a regular place to stay for the night.” Women (63 percent) and African Americans/Blacks (64 percent) indicated the highest rate of previous homelessness.

Four percent of respondents were homeless at the time they completed the survey (living on the streets, in a park or a car, or staying at a shelter) and another 7 percent were at risk of homelessness (staying in a hotel/motel or living short-term with family or friends). African Americans/Blacks had the highest rate of current homelessness and risk of homelessness. At the time of the survey, 8 percent of African Americans/Blacks reporting living on the streets, in a park or a car, or staying at a shelter and another 9 percent were staying in a hotel/motel or living short-term with family or friends.

Respondents were asked to indicate their longest period of homelessness in the previous three years. Of those who had been homeless in the past, almost one-third—a total of 89 individuals—had been homeless for one month to one year while one-fifth—another 57 individuals—had been homeless for more than a year. Of those who had been homeless, one-third reported one to two episodes of homelessness in the previous twelve months.

Respondents who had been homeless indicated the reasons for their last episode of homelessness. The most frequent response was lack of income (41 percent), followed by eviction or being asked to move (39 percent), with an additional 23 percent indicating having been asked to move by family or friends. In addition, 24 percent indicated moving to a new area without financial or personal resources as a reason for homelessness, 24 percent became homeless due to alcohol or drug use, 11 percent were released from jail or prison, 10 percent were released from another institution, and 10 percent became homeless due to domestic violence.

People with a history of incarceration experience many challenges in accessing and maintaining housing. More than one third of survey respondents (36 percent) indicated that they had been in jail or prison at some point in their lives and seven individuals were in jail when they responded to the survey. More than half of African American/Black survey respondents (51 percent) had been in jail or prison, compared to 32 percent of Whites/Caucasians and 14 percent of Hispanics/Latinos. Eight percent of all respondents had been released from jail or prison within the previous year and 8

percent indicated that they had been convicted of a felony within the previous five years. Of those, almost all had also reported a history of homelessness. In addition, 8 percent reported that they had been denied housing in King County because of their history of incarceration.

Respondents identified the need for a range of housing services and were interested in more information on various housing topics.

Respondents were asked if they needed different types of housing services. The majority (51 percent) indicated that they would want to know a person was available to help them if their housing situation ever changed. Respondents also indicated a need for a list of apartments or houses they might be able to afford (45 percent), as well as help filling out applications and other forms (29 percent), and a staff member to help them look for housing (28 percent).

Respondents were asked whether or not they were receiving a variety of services and if they needed more of a particular service. While financial help for rent or utilities was received by more than one third of respondents, almost as many individuals indicated they couldn't get this type of assistance or get enough of it. Assistance with benefits and transportation were the services ranked next highest by respondents who couldn't get any or enough of the service, and also ranked in the top four services received by respondents. Mental health counselor, psychiatrist, and day health program rounded out the top six services received by and needed by survey respondents.

Respondents were also asked if they would attend workshops on particular topics. Fifty percent were interested in learning about housing opportunities and 47 percent indicated they would attend a workshop on repairing credit. Thirty-nine percent indicated they would attend workshops on becoming more self-sufficient, 38 percent indicated managing finances, 38 percent understanding housing rights and responsibilities, 35 percent conducting a housing search, 26 percent understanding a lease, and 23 percent indicated getting along with others.

The majority of respondents would prefer to live on their own, maintain the same size unit, live without on-site support services, and move into a place or program where their needs could be met if they could no longer care for themselves. However, responses varied by gender and race/ethnicity.

Respondents were asked a series of questions and asked to make a choice between two options to help determine their living preferences. They were asked what they would plan to do if they needed to move in the next month. There were some significant differences based on gender and race/ethnicity.

The majority of respondents (62 percent) would plan to have a place of their own rather than share a place with other people, even if it meant paying more rent. This was true for 70 percent of women and 67 percent of Hispanics/Latinos.

More than half (58 percent) would plan to move to a place the same size in a cheaper neighborhood rather than live in a smaller place in their same neighborhood. This was true for 62 percent of women, 75 percent of Hispanics/Latinos, and 65 percent of African Americans/Blacks.

Two-thirds (66 percent) would plan to live in a place with no services onsite rather than live in a place where there were services available throughout the day (onsite services were not defined). This was true for 70 percent of men and 74 percent of Whites/Caucasians.

The large majority (70 percent) would plan to move into a place or program with other people where their needs could be met rather than move in with family or friends. This was true for 74 percent of men, and 74 percent of African Americans/Blacks.